

MISSISSIPPI VITAL RECORDS

P.O. Box 1700

Jackson, MS 39215-1700

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

INFORMATION

- Only births recorded after November 1, 1912, are on file.
- Two types of certified birth certificates are available. The certified ABSTRACT (Short Form) may be obtained for \$7.00 and each additional copy ordered at the same time is \$3.00. This certified certificate shows child's name, date and county of birth, state file number, filing and issue dates, and is sufficient for proof of birth but will not satisfy claims requiring proof of dependency e.g. IRS, Social Security, Welfare. The certified COPY of the birth certificate (Long Form) is available for \$12.00 for the first copy and \$3.00 for each additional copy ordered at the same time. This type certified certificate will satisfy claims requiring proof of dependency and situations where for family, historical or legal reasons additional information is required.
- A five year search of records on file will be made. If no record is found a certification of NOT-ON-FILE will be issued and a search fee of \$7.00 will be retained.

Note: As required by Section 41-57-11 of the Mississippi Code of 1972, annotated, \$1.00 for each requested copy is deposited to the Children's Trust Fund administered by the Department of Human Services to fund programs to prevent child abuse and neglect.

INSTRUCTIONS

- Complete ALL the information sections of the form. PLEASE PRINT.
- The application must be signed.
- PAYMENT:

Out-of-state: Remit a bank or postal money order or a bank cashier's check in the correct amount made payable to Mississippi State Department of Health.

Mississippi Resident: In addition to the above methods of payment, personal checks are acceptable if drawn on a Mississippi bank; make payable to Mississippi State Department of Health.

We accept no responsibility for cash sent through the mail.

Request for adjustments or refunds will be honored only if received within six months of application.
- Send completed application, appropriate fee and self-addressed stamped legal size envelope to the address at the top of this form.

BASIC INFORMATION: DOUBLE CHECK SPELLING AND DATE

DO NOT WRITE IN THIS SPACE

1. FULL NAME AT BIRTH	FIRST NAME	MIDDLE NAME	LAST NAME	STATE FILING NUMBER
2. DATE OF BIRTH	MONTH	DAY	YEAR	
3. PLACE OF BIRTH	COUNTY	CITY OR TOWN	STATE	
4. Has name ever been changed other than by marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what was original name?			FILING DATE

ADDITIONAL INFORMATION REQUIRED

5. SEX	6. RACE	12 - 36
7. FULL NAME OF FATHER	8. FULL MAIDEN NAME OF MOTHER	37 - 66
FIRST NAME	FIRST NAME	S.C.
MIDDLE NAME	MIDDLE NAME	S.C.
LAST NAME	LAST NAME	S.C.

ABOUT THE APPLICANT

9. FEE I AM ENCLOSING A FEE OF \$ _____ FOR _____ SHORT FORMS.	S.C.
I AM ENCLOSING A FEE OF \$ _____ FOR _____ LONG FORMS.	C.D.
10. RELATIONSHIP OF APPLICANT TO PERSON NAMED IN ITEM 1.	SUP.
11. PURPOSE FOR WHICH THIS COPY IS REQUESTED	P.
Pursuant to Section 41-57-2 of the Mississippi Code of 1972, Annotated, and as defined by Mississippi State Board of Health Rules and Regulations, I hereby certify that I have a legitimate and tangible interest in the birth record requested. I understand that obtaining a record under false pretenses may subject me to the penalty as described in Section 41-57-27 of the Mississippi Code of 1972, Annotated.	CWA.

12. SIGNATURE OF APPLICANT	DATE SIGNED
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PRINT YOUR MAILING ADDRESS HERE

13.	Name
14.	APT. NO. Street or Route
15.	City or Town State, ZIP code